

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097787919**

FILING DATE

APPLICANT(S)

*Amend B*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				2		2
4			1		1	
5				1		1
6				2		2
7				2		2
8				2		2
9				2		2
10				2		2
11			1		1	
12				1		1
13				2		2
14				2		2
15				2		2
16				2		2
17				2		2
18				2		2
19				2		2
20						2
21						2
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TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.		↓	29	↓	34	↓
TOTAL CLAIMS			32		37	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS